

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT BRIAN LINICK						Registration Number, if PAC					
Full Name of Candidate Brian H. Linick											
Street Address 26705 Hurlingham Road						Office Sought Mayor			District Beachwood		
City Beachwood						State O H		Zip Code 44122			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
	Monthly		Monthly		Monthly						
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 1 1		D 0 5	
								Y 1 3			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 55.10
2. Total monetary contributions (From Form No. 31-A)	\$ 21,087.00
3. Total other income (From Form No. 31-A-2)	\$ 5,160.16
4. Total funds available (sum of lines 1-2-3)	\$ 26,302.26
5. Total monetary expenditures (From Form No. 31-B)	\$ 17,885.61
6. Balance on hand (line 4 minus line 5)	\$ 8,416.65
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$ 2,980.64
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 5,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Purposes only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Brian Linick, Deputy Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10/24/13
Date

Contribution
pages **11**

Expenditure
pages **9**

Other
pages **7**

Total
pages **27**

10/24/13

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Adam Schwartz					Registration Number, if PAC		
Street Address 1309 Summerhill		Employer/Occupation/Labor Organization* Insurance Sales			Form (Cash, Check, etc.) Credit		
City Malvern	State P A	Zip Code 19355	M 0	D 7	Y 1 9 1 3	Amount 1,000.00	
Full Name of Contributor Mike Burkons					Registration Number, if PAC		
Street Address 2466 Richmond Road		Employer/Occupation/Labor Organization* Charitee Golf			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0	D 7	Y 2 0 1 3	Amount 100.00	
Full Name of Contributor Richard Fishman					Registration Number, if PAC		
Street Address 24065 Greenlawn		Employer/Occupation/Labor Organization* Dillards			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0	D 7	Y 2 0 1 3	Amount 50.00	
Full Name of Contributor David Cunix					Registration Number, if PAC		
Street Address 160 Fox Hollow Dr., #402		Employer/Occupation/Labor Organization* Bogart, Cunix & Browning, LLC			Form (Cash, Check, etc.) Credit		
City Mayfield Hts.	State O H	Zip Code 44124	M 0	D 7	Y 2 4 1 3	Amount 50.00	
Full Name of Contributor Oscar Castro					Registration Number, if PAC		
Street Address 2824 Shakercrest Blvd.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0	D 7	Y 2 7 1 3	Amount 100.00	
Full Name of Contributor Diane Linick					Registration Number, if PAC		
Street Address 26703 Hurlingham Road		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0	D 7	Y 2 8 1 3	Amount 300.00	
Full Name of Contributor Debra Schottenstein					Registration Number, if PAC		
Street Address 3851 Stewart Ave		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Coconut Grove	State F L	Zip Code 33133	M 0	D 7	Y 2 4 1 3	Amount 500.00	
Full Name of Contributor Amy Bellinger					Registration Number, if PAC		
Street Address 3838 S. Elder Road		Employer/Occupation/Labor Organization* Bellinger Building Company			Form (Cash, Check, etc.) Credit		
City West Bloomfield	State M I	Zip Code 48324	M 0	D 8	Y 0 1 1 3	Amount 150.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,250.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Don Isenstadt					Registration Number, if PAC		
Street Address 24471 Fairmount Blvd.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 8	D 0 1	Y 1 3	Amount 50.00	
Full Name of Contributor Brian Davis					Registration Number, if PAC		
Street Address 3203 Sulgrave Rd.		Employer/Occupation/Labor Organization* Shaker Auto Lease			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 8	D 0 1	Y 1 3	Amount 100.00	
Full Name of Contributor Clifford Wolf					Registration Number, if PAC		
Street Address 3313 Belvoir Blvd.		Employer/Occupation/Labor Organization* self-employed consultant			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0 8	D 0 4	Y 1 3	Amount 50.00	
Full Name of Contributor Roger Synenberg					Registration Number, if PAC		
Street Address 2043 Random Rd.		Employer/Occupation/Labor Organization* Attorney - Synenberg & Associates			Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44106	M 0 8	D 0 7	Y 1 3	Amount 500.00	
Full Name of Contributor Todd Behrens					Registration Number, if PAC		
Street Address 5171 Cheswick Dr.		Employer/Occupation/Labor Organization* Attorney - Medley Behrens			Form (Cash, Check, etc.) Check		
City Solon	State O H	Zip Code 44139	M 0 8	D 0 9	Y 1 3	Amount 1,000.00	
Full Name of Contributor Ronald Kulberg					Registration Number, if PAC		
Street Address 26920 Annesley Rd		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 8	D 1 0	Y 1 3	Amount 600.00	
Full Name of Contributor Sandra Gabel					Registration Number, if PAC		
Street Address 28775 Edgedale Road		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Pepper Pike	State O H	Zip Code 44124	M 0 8	D 1 0	Y 1 3	Amount 100.00	
Full Name of Contributor Bruce Bialer					Registration Number, if PAC		
Street Address 26901 Bernwood		Employer/Occupation/Labor Organization* Attorney at Law			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 8	D 1 2	Y 1 3	Amount 100.00	

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Page Total \$ 2,500.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor 5th And Jeff, LLC (Jeffrey Schottenstein)					Registration Number, if PAC		
Street Address 800 Brickell Avenue, Suite 1111		Employer/Occupation/Labor Organization* Real Estate Investment			Form (Cash, Check, etc.) Check		
City Miami	State F	L L	Zip Code 33131	M 0	D 8	Y 1	Amount 500.00
Full Name of Contributor Ralph Friedman					Registration Number, if PAC		
Street Address 2560 Deborah Dr.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O	H H	Zip Code 44122	M 0	D 8	Y 1	Amount 50.00
Full Name of Contributor Stephen Bassett					Registration Number, if PAC		
Street Address 25228 Maidstone		Employer/Occupation/Labor Organization* Accountant - Stephen Bassett CPA			Form (Cash, Check, etc.) Check		
City Beachwood	State O	H H	Zip Code 44122	M 0	D 8	Y 1	Amount 300.00
Full Name of Contributor Geoffrey Turbow					Registration Number, if PAC		
Street Address 4527 N. 35th Street		Employer/Occupation/Labor Organization* Real Estate - Levrose Realty			Form (Cash, Check, etc.) Check		
City Phoenix	State A	Z Z	Zip Code 85018	M 0	D 8	Y 1	Amount 500.00
Full Name of Contributor Tickners Holding, LLC (Kevin Chernikoff)					Registration Number, if PAC		
Street Address 2101 Richmond Rd.		Employer/Occupation/Labor Organization* Retail Clothing Business			Form (Cash, Check, etc.) Check		
City Beachwood	State O	H H	Zip Code 44122	M 0	D 8	Y 1	Amount 200.00
Full Name of Contributor Brian Byrne					Registration Number, if PAC		
Street Address 2290 Richmond Road		Employer/Occupation/Labor Organization* IT - Westfield Insurance			Form (Cash, Check, etc.) Check		
City Beachwood	State O	H H	Zip Code 44122	M 0	D 8	Y 1	Amount 400.00
Full Name of Contributor Marc Berkowitz					Registration Number, if PAC		
Street Address 2854 Brighten Rd.		Employer/Occupation/Labor Organization* Podiatrist			Form (Cash, Check, etc.) Check		
City Shaker Heights	State O	H H	Zip Code 44120	M 0	D 8	Y 1	Amount 150.00
Full Name of Contributor Julie Feuerman					Registration Number, if PAC		
Street Address 25051 Margot Court		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O	H H	Zip Code 44122	M 0	D 8	Y 1	Amount 50.00

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Page Total \$ 2,150.00

Statement of Contributions Received

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Name of Committee in Full Committee to Elect Brian Linick									
Full Name of Contributor Bruce Mandel						Registration Number, if PAC			
Street Address 2814 Meldon Blvd.			Employer/Occupation/Labor Organization* Attorney - Ulmer & Berne, LLP				Form (Cash, Check, etc.) Check		
City Beachwood			State O H		Zip Code 44122		M D Y 0 8 1 8 1 3		Amount 250.00
Full Name of Contributor Ellen Buchner						Registration Number, if PAC			
Street Address 24785 Penshurst Dr.			Employer/Occupation/Labor Organization* not employed				Form (Cash, Check, etc.) Check		
City Beachwood			State O H		Zip Code 44122		M D Y 0 8 2 0 1 3		Amount 50.00
Full Name of Contributor Arlene Miller						Registration Number, if PAC			
Street Address 611 Haskell Dr.			Employer/Occupation/Labor Organization* not employed				Form (Cash, Check, etc.) Check		
City Akron			State O H		Zip Code 44333		M D Y 0 8 2 1 1 3		Amount 100.00
Full Name of Contributor Ava Rubin						Registration Number, if PAC			
Street Address 23109 E. Groveland			Employer/Occupation/Labor Organization* Beahwood Schools				Form (Cash, Check, etc.) Check		
City Beachwood			State O H		Zip Code 44122		M D Y 0 8 2 1 1 3		Amount 25.00
Full Name of Contributor Betty Himmel						Registration Number, if PAC			
Street Address 10 Ponds Lane			Employer/Occupation/Labor Organization* not employed				Form (Cash, Check, etc.) Check		
City Purchase			State N Y		Zip Code 10577		M D Y 0 9 2 1 1 3		Amount 500.00
Full Name of Contributor Scott Kulberg						Registration Number, if PAC			
Street Address 1812 Clifton Ave.			Employer/Occupation/Labor Organization* Real Estate - Studley				Form (Cash, Check, etc.) Check		
City Highland Park			State I L		Zip Code 60035		M D Y 0 8 2 1 1 3		Amount 150.00
Full Name of Contributor Mikhail Alterman						Registration Number, if PAC			
Street Address 3148 Richmond Road			Employer/Occupation/Labor Organization* Tech Consultant - PDBC				Form (Cash, Check, etc.) Credit		
City Beachwood			State O H		Zip Code 44122		M D Y 0 8 2 7 1 3		Amount 50.00
Full Name of Contributor Richard Zeiger						Registration Number, if PAC			
Street Address 25123 Hilltop Dr.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Beachwood			State O H		Zip Code 44122		M D Y 0 8 2 5 1 3		Amount 50.00

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Page Total \$ 1,175.00

Statement of Contributions Received

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Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Eric Fox					Registration Number, if PAC		
Street Address 2609 Sheffield Cir. S.		Employer/Occupation/Labor Organization* Sales - Aegon			Form (Cash, Check, etc.) Credit		
City Minnetonka	State M N	Zip Code 55305	M 0 9	D 0 2	Y 1 3	Amount 100.00	
Full Name of Contributor Jon Leizman					Registration Number, if PAC		
Street Address 24601 Hazelmere		Employer/Occupation/Labor Organization* Physician - Cleveland Clinic			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 8	D 2 9	Y 1 3	Amount 100.00	
Full Name of Contributor David Gunning II					Registration Number, if PAC		
Street Address 30195 Chagrin Blvd.		Employer/Occupation/Labor Organization* Vice-President - APM			Form (Cash, Check, etc.) Check		
City Pepper Pike	State O H	Zip Code 44124	M 0 9	D 0 3	Y 1 3	Amount 250.00	
Full Name of Contributor Allen Friedman					Registration Number, if PAC		
Street Address 3161 Willow Lane		Employer/Occupation/Labor Organization* self employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 8	D 2 8	Y 1 3	Amount 100.00	
Full Name of Contributor Abigail Silverman					Registration Number, if PAC		
Street Address 3015 East Belvoir		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Shaker Heights	State O H	Zip Code 44122	M 0 9	D 0 3	Y 1 3	Amount 50.00	
Full Name of Contributor Jeremy Tucker					Registration Number, if PAC		
Street Address 10230 Nolan Dr.		Employer/Occupation/Labor Organization* Attorney - Lerch, Early & Brewer			Form (Cash, Check, etc.) Credit		
City Rockville	State M D	Zip Code 20850	M 0 9	D 0 4	Y 1 3	Amount 250.00	
Full Name of Contributor Zac Ponsky					Registration Number, if PAC		
Street Address 2370 Woodmer Dr.		Employer/Occupation/Labor Organization* Founder - MedWorks			Form (Cash, Check, etc.) Check		
City Cleveland Hts.	State O H	Zip Code 44106	M 0 9	D 1 0	Y 1 3	Amount 200.00	
Full Name of Contributor Daryl Kertesz					Registration Number, if PAC		
Street Address 2471 S. Belvoir		Employer/Occupation/Labor Organization* Activity Capital			Form (Cash, Check, etc.) Credit		
City University Hts	State O H	Zip Code 44118	M 0 9	D 1 2	Y 1 3	Amount 100.00	

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Page Total \$ 1,150.00

Statement of Contributions Received

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Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Deborah Glass				Registration Number, if PAC			
Street Address 26757 Fairmount Blvd.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 1 3	Y 1 3	Amount 25.00	
Full Name of Contributor Suzanne Saganich				Registration Number, if PAC			
Street Address 21623 Avalon Dr.		Employer/Occupation/Labor Organization* Attorney - Roetzel & Andress LPA			Form (Cash, Check, etc.) Check		
City Rocky River	State O H	Zip Code 44116	M 0 9	D 1 4	Y 1 3	Amount 50.00	
Full Name of Contributor Catherine Kilbane				Registration Number, if PAC			
Street Address 2850 Nottingham Dr.		Employer/Occupation/Labor Organization* General Counsel - Sherwin-Williams			Form (Cash, Check, etc.) Check		
City Chagrin Falls	State O H	Zip Code 44022	M 0 9	D 1 3	Y 1 3	Amount 500.00	
Full Name of Contributor Richard Feuerman				Registration Number, if PAC			
Street Address 2201 Cedarview		Employer/Occupation/Labor Organization* Attorney - Carlisle, McNellie & Rini			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 1 3	Y 1 3	Amount 50.00	
Full Name of Contributor Hortense Himmel				Registration Number, if PAC			
Street Address 26200 George Zeiger Dr.		Employer/Occupation/Labor Organization* Bookkeeper - Shuhei			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 1 4	Y 1 3	Amount 200.00	
Full Name of Contributor Lance Osborne				Registration Number, if PAC			
Street Address 7670 Tyler Blvd.		Employer/Occupation/Labor Organization* Osborne Capital Corp.			Form (Cash, Check, etc.) Credit		
City Mentor	State O H	Zip Code 44060	M 0 9	D 1 4	Y 1 3	Amount 100.00	
Full Name of Contributor Brian Friedman				Registration Number, if PAC			
Street Address 24107 E. Baintree		Employer/Occupation/Labor Organization* President - Arco Comfort Air			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 1 4	Y 1 3	Amount 350.00	
Full Name of Contributor Jane Himmel				Registration Number, if PAC			
Street Address 50 Braeburn Dr.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Credit		
City New Canaan	State C T	Zip Code 06840	M 0 9	D 1 5	Y 1 3	Amount 500.00	

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Page Total \$ 1,775.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Scott Weingold					Registration Number, if PAC		
Street Address 5515 North Woods Lane		Employer/Occupation/Labor Organization* Founder - College Planning Network			Form (Cash, Check, etc.) Credit		
City Solon	State O H	Zip Code 44139	M 0	D 9	Y 1	Amount 250.00	
Full Name of Contributor Debra Krenzler					Registration Number, if PAC		
Street Address 26300 Village Lane, #103		Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 1	Amount 250.00	
Full Name of Contributor Rachel Duber					Registration Number, if PAC		
Street Address 22861 Byron Rd		Employer/Occupation/Labor Organization* South Euclid-Lyndhurst Schools			Form (Cash, Check, etc.) Credit		
City Shaker Hts	State O H	Zip Code 44122	M 0	D 9	Y 1	Amount 36.00	
Full Name of Contributor Halle Plasco					Registration Number, if PAC		
Street Address 28860 Chagrin Blvd.		Employer/Occupation/Labor Organization* Lease Negotiator - DDR			Form (Cash, Check, etc.) Credit		
City Woodmere Village	State O H	Zip Code 44122	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Geoffrey Turbow					Registration Number, if PAC		
Street Address 4527 N. 35th Street		Employer/Occupation/Labor Organization* Real Estate - Levrose			Form (Cash, Check, etc.) Check		
City Phoenix	State A Z	Zip Code 85018	M 0	D 9	Y 1	Amount 500.00	
Full Name of Contributor Rachel Mazzeo					Registration Number, if PAC		
Street Address 3102 Grovewood Ave.		Employer/Occupation/Labor Organization* Attorney - self-employed			Form (Cash, Check, etc.) Credit		
City Parma	State O H	Zip Code 44134	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Richard Mitchell					Registration Number, if PAC		
Street Address 2798 Meldon Blvd.		Employer/Occupation/Labor Organization* Attorney - Roetzel & Andress LPA			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 2	Amount 150.00	
Full Name of Contributor Bryan gale					Registration Number, if PAC		
Street Address 27050 Cedar Road		Employer/Occupation/Labor Organization* Insurance - Medical Mutual of Ohio			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 2	Amount 500.00	

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Page Total \$ 1,836.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Leonard Heiser					Registration Number, if PAC		
Street Address 24608 Beechmont Ct.		Employer/Occupation/Labor Organization* Consultant - Zenith Systems, LLC			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 2	Amount 250.00	
Full Name of Contributor Stacie Hutner					Registration Number, if PAC		
Street Address 3186 Richmond Road		Employer/Occupation/Labor Organization* Cleveland Clinic			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Dianne Behrens					Registration Number, if PAC		
Street Address 29525 Bryce Rd.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Pepper Pike	State O H	Zip Code 44122	M 0	D 9	Y 1	Amount 25.00	
Full Name of Contributor Peter Nintcheff					Registration Number, if PAC		
Street Address 3941 W. Valley Dr.		Employer/Occupation/Labor Organization* Attorney - GCI			Form (Cash, Check, etc.) Check		
City Fairview Park	State O H	Zip Code 44126	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Carolyn Farley					Registration Number, if PAC		
Street Address 2782 Richmond Road		Employer/Occupation/Labor Organization* Teacher - Beachwood Schools			Form (Cash, Check, etc.) Cash		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Jay Blaushild					Registration Number, if PAC		
Street Address 5 Hanover Ct.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Cash		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor Robin Heiser					Registration Number, if PAC		
Street Address 24608 Beechmont Ct.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 2	Amount 250.00	
Full Name of Contributor Laura Wolkoff					Registration Number, if PAC		
Street Address 2417 Brian Dr.		Employer/Occupation/Labor Organization* Owner - Envision Radio			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0	D 9	Y 2	Amount 100.00	

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Page Total \$ 975.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Daniel Ducoff					Registration Number, if PAC		
Street Address 24522 Albert Lane		Employer/Occupation/Labor Organization* Assoc. Dean - Case Western			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 2 9	Y 1 3	Amount 100.00	
Full Name of Contributor Adam Blumenthal					Registration Number, if PAC		
Street Address 4512 Greenwold Rd.		Employer/Occupation/Labor Organization* Director - College Planning Network			Form (Cash, Check, etc.) Credit		
City South Euclid	State O H	Zip Code 44121	M 0 9	D 2 7	Y 1 3	Amount 30.00	
Full Name of Contributor Glenn Kuenzler					Registration Number, if PAC		
Street Address 24255 Community Drive		Employer/Occupation/Labor Organization* Engineer - GE			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 2 9	Y 1 3	Amount 500.00	
Full Name of Contributor Aaron Jeter					Registration Number, if PAC		
Street Address 16908 East Park Dr.		Employer/Occupation/Labor Organization* Teacher - Solon Schools			Form (Cash, Check, etc.) Credit		
City Cleveland	State O H	Zip Code 44119	M 0 9	D 2 5	Y 1 3	Amount 25.00	
Full Name of Contributor Todd Resnick					Registration Number, if PAC		
Street Address 32825 Aspen Glenn Dr.		Employer/Occupation/Labor Organization* Financial Advisor - Morgan Stanley			Form (Cash, Check, etc.) Credit		
City Solon	State O H	Zip Code 44139	M 0 9	D 3 0	Y 1 3	Amount 25.00	
Full Name of Contributor Bruce Block					Registration Number, if PAC		
Street Address 3300 Havel Drive		Employer/Occupation/Labor Organization* Attorney - Javitch, Block & Rathbone			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 3 0	Y 1 3	Amount 100.00	
Full Name of Contributor Roger Synenberg					Registration Number, if PAC		
Street Address 2043 Random Rd., Apt 303		Employer/Occupation/Labor Organization* Attorney - Synenber & Associates			Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44106	M 1 0	D 0 1	Y 1 3	Amount 500.00	
Full Name of Contributor William Marling					Registration Number, if PAC		
Street Address 3307 Somerset Dr.		Employer/Occupation/Labor Organization* Professor - Case Western Reserve Univ.			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 9	D 3 0	Y 1 3	Amount 75.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,355.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Daniel Kronenberg					Registration Number, if PAC		
Street Address 4133 N. 35th Street		Employer/Occupation/Labor Organization* VP - Trademark Visual			Form (Cash, Check, etc.) Credit		
City Phoenix	State A	Zip Code Z 85018	M 1	D 0	Y 0	Amount 750.00	
Full Name of Contributor Dominic Coletta					Registration Number, if PAC		
Street Address 605 Strumbly Dr.		Employer/Occupation/Labor Organization* Attorney - Synenberg & Associates			Form (Cash, Check, etc.) Check		
City Highland Heights	State O	Zip Code H 44143	M 1	D 0	Y 0	Amount 500.00	
Full Name of Contributor Michelle Freeman					Registration Number, if PAC		
Street Address 2064 Nottingham Dr.		Employer/Occupation/Labor Organization* Attorney - Sherwin-Williams			Form (Cash, Check, etc.) Check		
City Hinckley	State O	Zip Code H 44233	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Sandra Levenson					Registration Number, if PAC		
Street Address 646 W. 227th Street		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Credit		
City Bronx	State N	Zip Code Y 10463	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor David Baum					Registration Number, if PAC		
Street Address 5311 N. 32nd Place		Employer/Occupation/Labor Organization* VP - Trademark Visual			Form (Cash, Check, etc.) Credit		
City Phoenix	State A	Zip Code Z 85018	M 1	D 0	Y 0	Amount 1,000.00	
Full Name of Contributor Kenneth Cummings					Registration Number, if PAC		
Street Address 26100 Annesley Rd.		Employer/Occupation/Labor Organization* Physician - Cleveland Clinic			Form (Cash, Check, etc.) Credit		
City Beachwood	State O	Zip Code H 44122	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Daniel Sherwin					Registration Number, if PAC		
Street Address 14394 Washington Blvd.		Employer/Occupation/Labor Organization* Attorney - Sherwin-Williams			Form (Cash, Check, etc.) Check		
City University Heights	State O	Zip Code H 44118	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Realtors Political Action Committee					Registration Number, if PAC		
Street Address 200 E. Town Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43215	M 1	D 0	Y 0	Amount 500.00	

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Page Total \$ 2,975.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Brian Linick							
Full Name of Contributor Jaime Platt					Registration Number, if PAC		
Street Address 2117 W. Potomac Ave.		Employer/Occupation/Labor Organization* Real Estate - Mid America Real Estate			Form (Cash, Check, etc.) Credit		
City Chicago	State I L	Zip Code 60622	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Lynn Danzig					Registration Number, if PAC		
Street Address 24717 Wimbledon Rd.		Employer/Occupation/Labor Organization* not employed			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Mikhail Alterman					Registration Number, if PAC		
Street Address 3148 Richmond Road		Employer/Occupation/Labor Organization* Tech Consultant - PDBC			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Marcia Kulberg					Registration Number, if PAC		
Street Address 26920 Annesley Rd		Employer/Occupation/Labor Organization* Broker Rep. - UBS			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 1	D 0	Y 1	Amount 400.00	
Full Name of Contributor Ellen Wohl					Registration Number, if PAC		
Street Address 2210 Campus Rd		Employer/Occupation/Labor Organization* Writer - Brickman Music			Form (Cash, Check, etc.) Credit		
City Beachwood	State O H	Zip Code 44122	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Contributions From Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0	D 9	Y 1	Amount 2,221.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,946.00

Event Date 9/17/13

Page 1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK					
Full Name of Contributor Dan Weiss				Registration Number, if PAC	
Street Address 23810 E. Baintree	Employer/Occupation/Labor Organization* Adatasol		M 0	D 9	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Credit		Amount 50.00
Full Name of Contributor Amy Bellingier				Registration Number, if PAC	
Street Address 3838 S. Elder Road	Employer/Occupation/Labor Organization* Bellingier Building Co		M 0	D 9	Y 13
City West Bloomfield	State MI	Zip Code 48324	Form(Cash,Check,etc) Credit		Amount 100.00
Full Name of Contributor Jason Hochman				Registration Number, if PAC	
Street Address 158 Greenbrier Dr.	Employer/Occupation/Labor Organization* Dinn, Hochman, Potter, LL		M 0	D 9	Y 13
City Chagrin Falls	State OH	Zip Code 44022	Form(Cash,Check,etc) Credit		Amount 50.00
Full Name of Contributor Brian Linick				Registration Number, if PAC	
Street Address 26705 Hurlingham Road	Employer/Occupation/Labor Organization* Attorney - Sherwin-William		M 0	D 9	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Credit		Amount 50.00
Full Name of Contributor Natalie Shteyngarts				Registration Number, if PAC	
Street Address 4220 Brainard Rd.	Employer/Occupation/Labor Organization* Attorney - Special Counsel		M 0	D 9	Y 13
City Orange Village	State OH	Zip Code 44022	Form(Cash,Check,etc) Credit		Amount 50.00
Full Name of Contributor Mike Burkons				Registration Number, if PAC	
Street Address 2466 Richmond Road	Employer/Occupation/Labor Organization* Charitee Golf		M 0	D 9	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Credit		Amount 50.00
Full Name of Contributor Carrie Turbow				Registration Number, if PAC	
Street Address 2100 Botanica Lane	Employer/Occupation/Labor Organization* Weinstein & Assoc., Inc.		M 0	D 9	Y 13
City Pepper Pike	State OH	Zip Code 44124	Form(Cash,Check,etc) Credit		Amount 100.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 450.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK					
Full Name of Contributor Cyrus Sachinvala				Registration Number, if PAC	
Street Address 4220 Brainard Road		Employer/Occupation/Labor Organization* Attorney - Ernst & Young		M D Y 0 9 1 7 1 3	Amount 50.00
City Orange Village	State O H	Zip Code 44022		Form(Cash,Check,etc) Credit	
Full Name of Contributor Lynn Danzig				Registration Number, if PAC	
Street Address 24717 Wimbledon		Employer/Occupation/Labor Organization* not employed		M D Y 0 9 1 7 1 3	Amount 150.00
City Beachwood	State O H	Zip Code 44122		Form(Cash,Check,etc) Credit	
Full Name of Contributor Robert Casarona				Registration Number, if PAC	
Street Address 113 Ashleigh Dr.		Employer/Occupation/Labor Organization* Attorney - Roetzel & Andre		M D Y 0 9 1 5 1 3	Amount 100.00
City Chagrin Falls	State O H	Zip Code 44022		Form(Cash,Check,etc) Check	
Full Name of Contributor Hugh Kinast				Registration Number, if PAC	
Street Address 3992 White Oak Trail		Employer/Occupation/Labor Organization* Attorney - Sherwin-William		M D Y 0 9 1 8 1 3	Amount 75.00
City Orange Village	State O H	Zip Code 44122		Form(Cash,Check,etc) Check	
Full Name of Contributor Peter Tucker				Registration Number, if PAC	
Street Address 26675 Hurlingham Road		Employer/Occupation/Labor Organization* General Counsel - Industria		M D Y 0 9 1 7 1 3	Amount 50.00
City Beachwood	State O H	Zip Code 44122		Form(Cash,Check,etc) Check	
Full Name of Contributor Arlene Miller				Registration Number, if PAC	
Street Address 611 Haskell Dr.		Employer/Occupation/Labor Organization* not employed		M D Y 0 9 1 6 1 3	Amount 100.00
City Akron	State O H	Zip Code 44333		Form(Cash,Check,etc) Check	
Full Name of Contributor Diane Linick				Registration Number, if PAC	
Street Address 26705 Hurlingham Road		Employer/Occupation/Labor Organization* not employed		M D Y 0 9 1 6 1 3	Amount 100.00
City Beachwood	State O H	Zip Code 44122		Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 625.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK					
Full Name of Contributor Stefanie Mirman				Registration Number, if PAC	
Street Address 30650 Stratford Dr.	Employer/Occupation/Labor Organization* Graphic Designer		M 0	D 9	Y 13
City Solon	State OH	Zip Code 44139	Form(Cash,Check,etc) Check		Amount 36.00
Full Name of Contributor Helene Kravitz				Registration Number, if PAC	
Street Address 1989 Aldersgate Dr.	Employer/Occupation/Labor Organization* not employed		M 0	D 9	Y 13
City Lyndhurst	State OH	Zip Code 44124	Form(Cash,Check,etc) Check		Amount 60.00
Full Name of Contributor Bernice Lutsker				Registration Number, if PAC	
Street Address 22061 Rye Rd	Employer/Occupation/Labor Organization* not employed		M 0	D 9	Y 13
City Shaker Heights	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Lindsay Kramer				Registration Number, if PAC	
Street Address 5487 Clarendon Dr.	Employer/Occupation/Labor Organization* Cleveland Clinic		M 0	D 9	Y 13
City Solon	State OH	Zip Code 44139	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Bruce Felder				Registration Number, if PAC	
Street Address 27500 Cedar Road, #309	Employer/Occupation/Labor Organization* Consultant		M 0	D 9	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Courtney Lepene				Registration Number, if PAC	
Street Address 28129 Belcourt Road	Employer/Occupation/Labor Organization* not employed		M 0	D 9	Y 13
City Pepper Pike	State OH	Zip Code 44124	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Kimberly Umpleby				Registration Number, if PAC	
Street Address 23705 E. Silsby Rd.	Employer/Occupation/Labor Organization* Attorney - Umpleby Law		M 0	D 9	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 100.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 646.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK					
Full Name of Contributor David Eden				Registration Number, if PAC	
Street Address 22655 Chagrin Blvd., #204		Employer/Occupation/Labor Organization* Consultant		M D Y 0 9 1 7 1 3	Amount 100.00
City Beachwood		State O H	Zip Code 44122	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey Rosen				Registration Number, if PAC	
Street Address 28860 Hidden Valley Dr.		Employer/Occupation/Labor Organization* Northeast Auto Group		M D Y 0 9 1 7 1 3	Amount 100.00
City Orange Village		State O H	Zip Code 44122	Form(Cash,Check,etc) Check	
Full Name of Contributor Todd Felder				Registration Number, if PAC	
Street Address 2601 Richmond Road		Employer/Occupation/Labor Organization* Sherwin-Williams		M D Y 0 9 1 7 1 3	Amount 100.00
City Beachwood		State O H	Zip Code 44122	Form(Cash,Check,etc) Check	
Full Name of Contributor Wanda Himmel				Registration Number, if PAC	
Street Address 26700 Alsace Ct., #110		Employer/Occupation/Labor Organization* Property Manager - Forest		M D Y 0 9 1 7 1 3	Amount 200.00
City Beachwood		State O H	Zip Code 44122	Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,221.00

Total expenditures this event

0.00

Page Total \$ 500.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK							
Full Name Loans Received From Form 31-C				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount 5,150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name Jakprints				Registration Number, if PAC			
Address 3313 Chester Ave		Type* R E		M 0	D 8	Y 3	Amount 10.16
City Cleveland		State O	Zip Code H 44114	Form(Cash,Check,etc) Credit			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 5,160.16

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK									
To Whom Paid Square, Inc.						M	D	Y	Amount
						0	3	2	1.38
Address 1455 Market Street			Purpose Credit Card Donation Processing Fee						
City San Francisco			State C	A	Zip Code 94103	Check Number Auto-Deduct			
To Whom Paid PayPal						M	D	Y	Amount
						0	7	1	3.20
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C	A	Zip Code 94089	Check Number Auto-Deduct			
To Whom Paid PayPal						M	D	Y	Amount
						0	7	1	29.30
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C	A	Zip Code 94089	Check Number Auto-Deduct			
To Whom Paid PayPal						M	D	Y	Amount
						0	7	1	3.20
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C	A	Zip Code 94089	Check Number Auto-Deduct			
To Whom Paid PayPal						M	D	Y	Amount
						0	7	2	1.75
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C	A	Zip Code 94089	Check Number Auto-Deduct			
To Whom Paid Stefanie Mirman Design						M	D	Y	Amount
						0	7	2	210.00
Address 30650 Stratford Drive			Purpose Graphic Design						
City Solon			State O	H	Zip Code 44139	Check Number 1051			
To Whom Paid PayPal						M	D	Y	Amount
						0	7	2	1.75
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C	A	Zip Code 94089	Check Number Auto-Deduct			
To Whom Paid PayPal						M	D	Y	Amount
						0	8	0	4.65
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C	A	Zip Code 94089	Check Number Auto-Deduct			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK												
To Whom Paid Paypal						M	D	Y	Amount			
						0	8	0	1	1	3	1.75
Address 2211 N. First Street				Purpose Credit Card Donation Processing Fee								
City San Jose		State C		Zip Code A 94089		Check Number Auto-Deduct						
To Whom Paid Jakprints						M	D	Y	Amount			
						0	8	0	7	1	3	210.11
Address 3133 Chester Ave.				Purpose Printing								
City Cleveland		State O		Zip Code H 44114		Check Number Debit						
To Whom Paid Trademark Visual Inc.						M	D	Y	Amount			
						0	8	0	7	1	3	220.00
Address 3732 E. University Dr.				Purpose Campaign Magnets								
City Phoenix		State A		Zip Code Z 85034		Check Number 1052						
To Whom Paid FedEx Office						M	D	Y	Amount			
						0	8	0	8	1	3	5.39
Address 1801 East Ninth Street				Purpose Copies								
City Cleveland		State O		Zip Code H 44114		Check Number Debit						
To Whom Paid USPS						M	D	Y	Amount			
						0	8	0	8	1	3	65.80
Address Tower City Finance Station				Purpose Stamps								
City Cleveland		State O		Zip Code H 44113		Check Number Debit						
To Whom Paid FedEx Office						M	D	Y	Amount			
						0	8	0	9	1	3	6.79
Address 27450 Chagrin Blvd.				Purpose Copies								
City Woodmere Village		State O		Zip Code H 44122		Check Number Debit						
To Whom Paid USPS						M	D	Y	Amount			
						0	8	0	9	1	3	27.60
Address Beachwood Branch				Purpose Stamps								
City Beachwood		State O		Zip Code H 44122		Check Number Debit						
To Whom Paid Jakprints						M	D	Y	Amount			
						0	8	1	3	1	3	242.44
Address 3133 Chester Ave.				Purpose Campaign Stickers								
City Cleveland		State O		Zip Code H 44114		Check Number Debit						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK												
To Whom Paid Cleveland Jewish News						M	D	Y	Amount			
						0	8	2	6	1	3	530.00
Address 23880 Commerce Park				Purpose Advertisement								
City Beachwood		State O H		Zip Code 44122		Check Number 1053						
To Whom Paid Jakprints						M	D	Y	Amount			
						0	8	2	6	1	3	399.96
Address 3133 Chester Ave.				Purpose Printing								
City Cleveland		State O H		Zip Code 44114		Check Number Debit						
To Whom Paid Paypal						M	D	Y	Amount			
						0	8	2	8	1	3	1.75
Address 2211 N. First Street				Purpose Credit Card Donation Processing Fee								
City San Jose		State C A		Zip Code 94089		Check Number Auto-Deduct						
To Whom Paid Paypal						M	D	Y	Amount			
						0	9	0	2	1	3	3.20
Address 2211 N. First Street				Purpose Credit Card Donation Processing Fee								
City San Jose		State C A		Zip Code 94089		Check Number Auto-Deduct						
To Whom Paid US POSTMASTER						M	D	Y	Amount			
						0	9	0	4	1	3	1,064.44
Address Main Post Office				Purpose Postage								
City Cleveland		State O H		Zip Code 44104		Check Number 1054						
To Whom Paid Qwestcom Graphics						M	D	Y	Amount			
						0	9	0	6	1	3	1,696.79
Address 5572 Brecksville Rd., Suite A				Purpose Printing/Mail Services								
City Independence		State O H		Zip Code 44131		Check Number 1055						
To Whom Paid Paypal						M	D	Y	Amount			
						0	9	1	2	1	3	3.20
Address 2211 N. First Street				Purpose Credit Card Donation Processing Fee								
City San Jose		State C A		Zip Code 94089		Check Number Auto-Deduct						
To Whom Paid Paypal						M	D	Y	Amount			
						0	9	1	4	1	3	3.20
Address 2211 N. First Street				Purpose Credit Card Donation Processing Fee								
City San Jose		State C A		Zip Code 94089		Check Number Auto-Deduct						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK									
To Whom Paid PayPal						M 0	D 9	Y 0	Amount 7.55
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid PayPal						M 0	D 9	Y 1	Amount 10.45
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid PayPal						M 0	D 9	Y 1	Amount 7.55
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid PayPal						M 0	D 9	Y 1	Amount 14.80
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Beachwood Buzz						M 0	D 9	Y 1	Amount 872.00
Address 2000 Warrensville Center Rd.		Purpose Advertising							
City South Euclid	State O	H H	Zip Code 44121	Check Number 1057					
To Whom Paid PayPal						M 0	D 9	Y 1	Amount 1.75
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid PayPal						M 0	D 9	Y 1	Amount 1.34
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid PayPal						M 0	D 9	Y 1	Amount 3.20
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK									
To Whom Paid Stefanie Mirman Design						M 0	D 9	Y 1	Amount 315.00
Address 30650 Stratford Drive		Purpose Graphic Design							
City Solon	State O	H H	Zip Code 44139	Check Number 1058					
To Whom Paid US Postmaster						M 0	D 9	Y 1	Amount 1,064.44
Address Main Post Office		Purpose Postage							
City Cleveland	State O	H H	Zip Code 44101	Check Number 1056					
To Whom Paid Paypal						M 0	D 9	Y 1	Amount 1.75
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Paypal						M 0	D 9	Y 1	Amount 3.20
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Square Inc.						M 0	D 9	Y 1	Amount 1.38
Address 1455 Market Street		Purpose Credit Card Donation Processing Fee							
City San Francisco	State C	A A	Zip Code 94103	Check Number Auto-Deduct					
To Whom Paid Square Inc.						M 0	D 9	Y 1	Amount 1.38
Address 1455 Market Street		Purpose Credit Card Donation Processing Fee							
City San Francisco	State C	A A	Zip Code 94103	Check Number Auto-Deduct					
To Whom Paid Square Inc.						M 0	D 9	Y 1	Amount 2.75
Address 1455 Market Street		Purpose Credit Card Donation Processing Fee							
City San Francisco	State C	A A	Zip Code 94103	Check Number Auto-Deduct					
To Whom Paid Square Inc.						M 0	D 9	Y 1	Amount 1.90
Address 1455 Market Street		Purpose Credit Card Donation Processing Fee							
City San Francisco	State C	A A	Zip Code 94103	Check Number Auto-Deduct					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK									
To Whom Paid Square Inc.						M	D	Y	Amount
						0	9	1	5.40
Address 1455 Market Street		Purpose Credit Card Donation Processing Fee							
City San Francisco	State C	A	Zip Code 94103	Check Number Auto-Deduct					
To Whom Paid Square Inc.						M	D	Y	Amount
						0	9	1	1.90
Address 1455 Market Street		Purpose Credit Card Donation Processing Fee							
City San Francisco	State C	A	Zip Code 94103	Check Number Auto-Deduct					
To Whom Paid Paypal						M	D	Y	Amount
						0	9	1	1.75
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Paypal						M	D	Y	Amount
						0	9	2	4.65
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Paypal						M	D	Y	Amount
						0	9	2	7.55
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Paypal						M	D	Y	Amount
						0	9	2	1.03
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Trademark Visual Inc.						M	D	Y	Amount
						0	9	2	2,090.00
Address 3732 E. University Dr.		Purpose Yard Signs							
City Phoenix	State A	Z	Zip Code 85034	Check Number 1059					
To Whom Paid Trademark Visual Inc.						M	D	Y	Amount
						0	9	2	120.00
Address 3732 E. University Dr.		Purpose Campaign Magnets							
City Phoenix	State A	Z	Zip Code 85034	Check Number 1060					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK									
To Whom Paid PayPal						M	D	Y	Amount
						0	9	2	1.17
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Qwestcom Graphics						M	D	Y	Amount
						0	9	2	1,117.80
Address 5572 Brecksville Rd., Suite A		Purpose Printing							
City Independence	State O	H	Zip Code 44131	Check Number 1064					
To Whom Paid Qwestcom Graphics						M	D	Y	Amount
						0	9	2	442.80
Address 5572 Brecksville Rd., Suite A		Purpose Printing							
City Independence	State O	H	Zip Code 44131	Check Number 1065					
To Whom Paid Qwestcom Graphics						M	D	Y	Amount
						0	9	2	827.93
Address 5572 Brecksville Rd., Suite A		Purpose Printing							
City Independence	State O	H	Zip Code 44131	Check Number 1066					
To Whom Paid Qwestcom Graphics						M	D	Y	Amount
						0	9	2	1,453.41
Address 5572 Brecksville Rd., Suite A		Purpose Printing							
City Independence	State O	H	Zip Code 44131	Check Number 1063					
To Whom Paid US Postmaster						M	D	Y	Amount
						0	9	2	494.65
Address Main Post Office		Purpose Postage							
City Cleveland	State O	H	Zip Code 44101	Check Number 1061					
To Whom Paid US Postmaster						M	D	Y	Amount
						0	9	2	1,064.44
Address Main Post Office		Purpose Postage							
City Cleveland	State O	H	Zip Code 44101	Check Number 1062					
To Whom Paid PayPal						M	D	Y	Amount
						0	9	2	3.20
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK									
To Whom Paid PayPal						M	D	Y	Amount
						0	9	3	1.03
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid PayPal						M	D	Y	Amount
						0	9	3	3.20
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid PayPal						M	D	Y	Amount
						0	9	3	22.05
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Beachwood Schools						M	D	Y	Amount
						1	0	0	100.00
Address 24601 Fairmount Blvd.		Purpose Advertising - Beechcomber							
City Beachwood	State O	H	Zip Code 44122	Check Number 1067					
To Whom Paid PayPal						M	D	Y	Amount
						1	0	0	1.03
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					
To Whom Paid Beachwood Buzz						M	D	Y	Amount
						1	0	0	872.00
Address 2000 Warrensville Center Rd.		Purpose Advertising							
City South Euclid	State O	H	Zip Code 44121	Check Number 1068					
To Whom Paid Beachwood Buzz						M	D	Y	Amount
						1	0	0	872.00
Address 2000 Warrensville Center Rd.		Purpose Advertising							
City South Euclid	State O	H	Zip Code 44121	Check Number 1069					
To Whom Paid PayPal						M	D	Y	Amount
						1	0	0	29.30
Address 2211 N. First Street		Purpose Credit Card Donation Processing Fee							
City San Jose	State C	A	Zip Code 94089	Check Number Auto-Deduct					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK									
To Whom Paid PayPal						M	D	Y	Amount
						1	0	0	9
						1	3		3.20
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C A		Zip Code 94089		Check Number Auto-Deduct		
To Whom Paid US Postmaster						M	D	Y	Amount
						1	0	0	2
						1	3		276.00
Address Tower City Station			Purpose Postage						
City Cleveland			State O H		Zip Code		Check Number Debit		
To Whom Paid PayPal						M	D	Y	Amount
						1	0	1	4
						1	3		3.20
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C A		Zip Code 94089		Check Number Auto-Deduct		
To Whom Paid Qwestcom Graphics						M	D	Y	Amount
						1	0	1	4
						1	3		739.80
Address 5572 Brecksville Rd., Suite A			Purpose Printing / Mail Services						
City Independence			State O H		Zip Code 44131		Check Number 1070		
To Whom Paid US Postmaster						M	D	Y	Amount
						1	0	1	5
						1	3		276.00
Address Tower City Station			Purpose Postage						
City Cleveland			State O H		Zip Code		Check Number Debit		
To Whom Paid PayPal						M	D	Y	Amount
						1	0	1	6
						1	3		1.03
Address 2211 N. First Street			Purpose Credit Card Donation Processing Fee						
City San Jose			State C A		Zip Code 94089		Check Number Auto-Deduct		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO ELECT BRIAN LINICK											
From Whom Received Brian Linick								Prior Amount 0.00		Amt. Incurred this Period 5,150.00	
Address 26705 Hurlingham Road										Outstanding Balance 5,150.00	
City Beachwood		State OH	Zip Code 44122	Loans Received This Period				Payments This Period			
				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$
		0	3	2	6		1		3		50.00
Registration Number, if PAC				M		D		Y			
				0		7		1		8	
Employer/Occupation/Labor Organization*				M		D		Y			
				0		9		2		7	
										5000.00	
From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period				Payments This Period			
				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$
Registration Number, if PAC				M		D		Y			
Employer/Occupation/Labor Organization*				M		D		Y			
From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period				Payments This Period			
				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$
Registration Number, if PAC				M		D		Y			
Employer/Occupation/Labor Organization*				M		D		Y			

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 0.00
- Total received this period \$ 5,150.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 5,150.00 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK				
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service magnets	M 0	D 5	Fair Market Value 145.46
City Beachwood	State OH	Y 2	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service Printing - Door Hangers	M 0	D 5	Fair Market Value 183.18
City Beachwood	State OH	Y 2	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service Emery Boards	M 0	D 7	Fair Market Value 428.00
City Beachwood	State OH	Y 1	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service Facebook Advertising (July)	M 0	D 7	Fair Market Value 74.20
City Beachwood	State OH	Y 3	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service Facebook Advertising (Aug)	M 0	D 8	Fair Market Value 126.67
City Beachwood	State OH	Y 3	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service Facebook Advertising (Sept)	M 0	D 9	Fair Market Value 298.71
City Beachwood	State OH	Y 3	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service Facebook Advertising (Oct)	M 1	D 0	Fair Market Value 280.98
City Beachwood	State OH	Y 1	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC		
Street Address 26705 Hurlingham Road	Description of Item or Service Custom Glow Sticks	M 0	D 9	Fair Market Value 343.44
City Beachwood	State OH	Y 1	Zip Code 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT BRIAN LINICK			
Full Name of Contributor Brian Linick	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC	
Street Address 26705 Hurlingham Road	Description of Item or Service Food & Drink	M D Y 0 9 1 7 1 3	Fair Market Value 550.00
City Beachwood	State Zip Code O H 44122	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Andrew Spitz	Employer, Occupation, Labor Organization * Sterling Natl Bank	Registration Number, if PAC	
Street Address 145 Jackson Rd.	Description of Item or Service Printing/Copies	M D Y 1 0 1 5 1 3	Fair Market Value 550.00
City Orange Village	State Zip Code O H 44122	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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